



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DALLAS COUNTY HOSPITAL
PO BOX 660599
DALLAS TX 75266-0599

Respondent Name

ARCH INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-0127-01

MFDR Date Received

September 12, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have attached all medical information including medical records, UB's and itemized statements and copies of all denials. We are requesting that this claim be processed according to the Texas Department of Insurance Rules and Regulations, also the fact that Parkland was given different information twice."

Amount in Dispute: \$16,097.97

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier will stand on the audit of the charges made the basis of this medical fee dispute. The denial rationale specifically details that the billing provided lacks information which is needed for adjudication/review."

Response Submitted by: Pappas & Suchma, PC, PO Box 66655, Austin, Texas 78766

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
November 11, 2010	Outpatient Hospital Services	\$16,097.97	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets forth rules for prospective and concurrent review of health care.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 24, 2010

- 12 – (125) PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE REMARKS CODES
- 16 – (16) CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE REMARKS

Explanation of benefits dated January 26, 2011

- BL – THIS BILL IS A RECONSIDERATION OF A PREVIOUSLY REVIEWED BILL.
- BL – ADDITIONAL ALLOWANCE IS NOT RECOMMENDED AS THIS CLAIM WAS PAID IN ACCORDANCE WITH STATE GUID
- 12 – (125) PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED US
- 16 – (16) CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS
- 12 – (125) THIS LINE WAS INCLUDED IN THE RECONSIDERATION OF THIS PREVIOUSLY REVIEWED BILL.
- 16 – (16) THIS LINE WAS INCLUDED IN THE RECONSIDERATION OF THIS PREVIOUSLY REVIEWED BILL.

EOR dated April 4, 2011

- 1 – This item was previously submitted and reviewed with notification of decision issued to payor, provider (duplicate invoice). (U301)

Explanation of benefits undated, but with provider bill date of April 5, 2011

- BL – PROVIDER S STATE LICENSE NUMBER IS INVALID OR WAS NOT RECEIVED.
- 18 – (18) DUPLICATE CLAIM/SERVICE.

EOR dated APRIL 19, 2011

- 1 – This item was previously submitted and reviewed with notification of decision issued to payor, provider (duplicate invoice). (U301)

EOR dated June 7, 2011

- 1 – This service was not pre-authorized in conformance with TWCC Rule 134.600. (X388)
- 2 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 3 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 4 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 5 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 6 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 7 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 8 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 9 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 10 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 11 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)
- 12 – Recommendation or payment is based on a procedure code that best describes the services rendered (Z652)

Explanation of benefits dated June 8, 2011

- BL – THIS BILL IS A RECONSIDERATION OF A PREVIOUSLY REVIEWED BILL.
- BL – ADDITIONAL ALLOWANCE IS NOT RECOMMENDED AS THIS CLAIM WAS PAID IN ACCORDANCE WITH STATE GUIDELINES, USUAL/CUSTOMARY POLICIES, OR THI
- 19 – (197) PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- 19 – (197) THIS LINE WAS INCLUDED IN THE RECONSIDERATION OF THIS PREVIOUSLY REVIEWED BILL.

EOR dated August 16, 2011

- 1 – This item was previously submitted and reviewed with notification of decision issued to payor, provider (duplicate invoice). (U301)

Issues

1. Does the documentation support the insurance carrier's reasons for reduction or denial of services?

Findings

1. The insurance carrier denied disputed services with reason codes 1 – "This service was not pre-authorized in conformance with TWCC Rule 134.600. (X388)," and 19 – "(197) PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT." 28 Texas Administrative Code §134.600(b), effective May 2, 2006, 31 TexReg 3566; states, in pertinent part, that "The carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur: (A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions); (B) preauthorization of any health care listed in

subsection (p) of this section that was approved prior to providing the health care." §134.600(p)(2) states that the non-emergency health care requiring preauthorization includes "outpatient surgical or ambulatory surgical services..." Review of the submitted information finds no documentation to support that the provider obtained preauthorization for the disputed services prior to providing the health care, or that the services were provided in an emergency situation. This denial reason is supported. Reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	<u>Grayson Richardson</u>	<u>October 10, 2012</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.